



## AUTHORIZATION AGREEMENT FOR DIRECT DEBIT DONATION

**Type of Authorization:**

New authorization     Change amount     Change banking info     Discontinue electronic donation

**FULL NAME(s)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PHONE** ( \_\_\_\_\_ ) \_\_\_\_\_

I (We) hereby authorize the **Iowa Association of Regular Baptist Churches**, hereinafter called **IARBC**, to initiate debit entries and/or correction entries to my/our  **Checking**  **Savings** account (select one) indicated below at the financial institution named below, herein called **FINANCIAL INSTITUTION**, to credit the same such account.

**FINANCIAL INSTITUTION NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**BANK ROUTING TRANSIT/ABA NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

**AMOUNT OF DONATION:**     \$10     \$20     \$25     \$50     \$100     Other \$ \_\_\_\_\_

**FREQUENCY OF DONATION:**     monthly     quarterly     annually

**DATE OF FIRST DONATION** Month: \_\_\_\_\_ Year: \_\_\_\_\_

This authorization is to remain in full force until **IARBC** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **IARBC** and **FINANCIAL INSTITUTION** reasonable opportunity to act upon it.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Attach a voided check here (optional)